



# *School-Based Services*

*Medicaid and Other Medical  
Assistance Programs*



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April, 2005

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<b>My Medicaid Provider ID Number:</b>
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# Key Contacts

Hours for Key Contacts are 8:00 a.m. to 5:00 p.m. Monday through Friday (Mountain Time), unless otherwise stated. The phone numbers designated “In state” will not work outside Montana.

## Provider Enrollment

For enrollment changes or questions:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state and Helena

Send written inquiries to:

Provider Enrollment Unit  
P.O. Box 4936  
Helena, MT 59604

## Provider Relations

For questions about eligibility, payments, denials, general claims questions, or to request provider manuals or fee schedules:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state and Helena  
**(406) 442-4402** Fax

Send written inquiries to:

Provider Relations Unit  
P.O. Box 4936  
Helena, MT 59604

## Claims

Send paper claims and adjustment requests to:

Claims Processing Unit  
P. O. Box 8000  
Helena, MT 59604

## Third Party Liability

For questions about private insurance, Medicare or other third-party liability:

**(800) 624-3958** In state  
**(406) 442-1837** Out of state and Helena

Send written inquiries to:

ACS Third Party Liability Unit  
P. O. Box 5838  
Helena, MT 59604

## Restricted Client Authorization

For authorization for emergency services provided for restricted clients, contact the Surveillance/Utilization Review Section:

**(406) 444-4167**

All other services must be authorized by the client’s designated provider.

## PASSPORT Provider Help Line

For any PASSPORT related questions, or to enroll as a PASSPORT provider:

**(800) 480-6823**

Send written inquiries to:

PASSPORT To Health  
P.O. Box 254  
Helena, MT 59624-0254

## Client Help Line

Clients who have general Medicaid or PASSPORT questions may call the Client Help Line:

**(800) 362-8312**

Send written inquiries to:

PASSPORT To Health  
P.O. Box 254  
Helena, MT 59624-0254

## EDI Technical Help Desk

For questions regarding electronic claims submission:

**(800) 624-3958** In and out-of-state  
**(406) 442-1837** Helena  
**(406) 442-4402** Fax

Mail to:

ACS  
ATTN: MT EDI  
P.O. Box 4936  
Helena, MT 59604

## Provider Policy Questions

For policy questions, contact the appropriate division of the Department of Public Health and Human Services; see the *Introduction* chapter in the *General Information For Providers* manual.

## Client Eligibility

For client eligibility, see the *Client Eligibility and Responsibilities* chapter in the *General Information For Providers* manual.

## CSCT Program

For more information on the Comprehensive School and Community Treatment (CSCT) program, contact Child and Adolescent Services Specialist:

**(406) 444-4540** Phone

**(406) 444-1861** Fax

Send written inquiries to:

Child and Adolescent Services Specialist  
DPHHS

P.O. Box 202951

Helena, MT 59620-2951

## CHIP Program

**(877) 543-7669** Phone toll-free in and out-of-state

**(406) 444-6971** Phone in Helena

**(406) 444-4533** Fax In Helena

**(877) 418-4533** Fax Toll-free in and out-of-state

**chip@state.mt.us** E-mail

CHIP Program Officer

P.O. Box 202951

Helena, MT 59620-2951

## Chemical Dependency Bureau

For coverage information and other details regarding chemical dependency treatment, write or call:

**(406) 444-3964** Phone

Send written inquiries to:

Chemical Dependency Bureau

Addictive and Mental Disorders Division  
DPHHS

P.O. Box 202905

Helena, MT 59620-2905

## Direct Deposit Arrangements

Providers who would like to receive their remittance advices electronically and electronic funds transfer should call the number below.

**(406) 444-5283**

## Prior Authorization

The following are some of the Department's prior authorization contractors. Providers are expected to refer to their specific provider manual for prior authorization instructions.

### *Mountain-Pacific Quality Health Foundation*

For questions regarding prior authorization for transplant services, private duty nursing services, medical necessity therapy reviews, and emergency department reviews:

Phone:

**(800) 262-1545 X150** In state

**(406) 443-4020 X150** Out of state and Helena

Fax:

**(800) 497-8235** In state

**(406) 443-4585** Out of state and Helena

Send written inquiries to:

Mountain-Pacific Quality

Health Foundation

3404 Cooney Drive

Helena, MT 59602

## Prior Authorization (continued)

### ***First Health***

For questions regarding prior authorization and continued stay review for selected mental health services.

**(800) 770-3084** Phone

**(800) 639-8982** Fax

**(800) 247-3844** Fax

First Health Services

4300 Cox Road

Glen Allen, VA 23060

## Secretary of State

The Secretary of State's office publishes the most current version of the Administrative Rules of Montana (ARM):

**(406) 444-2055** Phone

Secretary of State

P.O. Box 202801

Helena, MT 59620-2801

## Team Care Program Officer

For questions regarding the Team Care Program:

**(406) 444-4540** Phone

**(406) 444-1861** Fax

Team Care Program Officer

DPHHS

Managed Care Bureau

P.O. Box 202951

Helena, MT 59620-2951

## Nurse First

For questions regarding Nurse First Disease Management or the Nurse Advice Line, contact:

**(406) 444-4540** Phone

**(406) 444-1861** Fax

Nurse First Program Officer

DPHHS

Managed Care Bureau

P.O. Box 202951

Helena, MT 59620-2951

Key Web Sites	
Web Address	Information Available
<b>Virtual Human Services Pavilion (VHSP)</b> vhsdp.dphhs.mt.gov	<b>Select <i>Human Services</i> for the following information:</b> <ul style="list-style-type: none"> <li>• <b>Medicaid:</b> Medicaid Eligibility &amp; Payment System (MEPS). Eligibility and claims history information and a link to the Provider Information Website.</li> <li>• <b>Senior and Long Term Care:</b> Provider search, home/housing options, healthy living, government programs, publications, protective/legal services, financial planning.</li> <li>• <b>DPHHS:</b> Latest news and events, DPHHS information, services available, and legal information.</li> </ul>
<b>Provider Information Website</b> www.mtmedicaid.org or www.dphhs.mt.gov/hpsd/medicaid/medicaid2	<ul style="list-style-type: none"> <li>• Medicaid news</li> <li>• Provider manuals</li> <li>• Notices and manual replacement pages</li> <li>• Fee schedules</li> <li>• Remittance advice notices</li> <li>• Forms</li> <li>• Provider enrollment</li> <li>• Frequently asked questions (FAQs)</li> <li>• Upcoming events</li> <li>• HIPAA Update</li> <li>• Newsletters</li> <li>• Key contacts</li> <li>• Links to other websites and more</li> </ul>
<b>CHIP Website</b> www.chip.mt.gov	<ul style="list-style-type: none"> <li>• Information on the Children's Health Insurance Plan (CHIP)</li> </ul>
<b>ACS EDI Gateway</b> www.acs-gcro.com/Medicaid_Account/Montana/montana.htm	ACS EDI Gateway is Montana's HIPAA clearinghouse. Visit this website for more information on: <ul style="list-style-type: none"> <li>• Provider Services</li> <li>• EDI Support</li> <li>• Enrollment</li> <li>• Manuals</li> <li>• Software</li> <li>• Companion Guides</li> </ul>
<b>Washington Publishing Company</b> www.wpc-edi.com	<ul style="list-style-type: none"> <li>• EDI implementation guides</li> <li>• HIPAA implementation guides and other tools</li> <li>• EDI education</li> </ul>

# Introduction

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Thank you for your willingness to serve clients of the Montana Medicaid program and other medical assistance programs administered by the Department of Public Health and Human Services.

## Manual Organization

This manual provides information specifically for the school-based services program.

Each chapter has a section titled *Other Programs* that includes information about other Department programs such as the Mental Health Services Plan (MHSP) and the Children's Health Insurance Plan (CHIP). Other essential information for providers is contained in the separate *General Information For Providers* manual. Each provider is asked to review both the general manual and the specific manual for his or her provider type.

A table of contents and an index allow you to quickly find answers to most questions. The margins contain important notes with extra space for writing notes. There is a list of *Key Contacts* at the beginning of each manual. We have also included a space on the back side of the front cover to record your Medicaid Provider ID number for quick reference when calling Provider Relations.

## Manual Maintenance

Manuals must be kept current. Changes to manuals are provided through notices and replacement pages. When replacing a page in a manual, file the old pages and notices in the back of the manual for use with claims that originated under the old policy. Notices and replacement pages are available on the Provider Information website (see *Key Contacts*).

## Rule References

Providers must be familiar with all current rules and regulations governing the Montana Medicaid program. Provider manuals are to assist providers in billing Medicaid; they do not contain all Medicaid rules and regulations. Rule citations in the text are a reference tool; they are not a summary of the entire rule. In the event that a manual conflicts with a rule, the rule prevails. Links to rule references are available on the Provider Information website (see *Key Contacts*). Paper copies of rules are available through Provider Relations and the Secretary of State's office



Providers are responsible for knowing and following current laws and regulations.

(see *Key Contacts*). The following rules and regulations are specific to the school based services program. Additional Medicaid rule references are available in the *General Information For Providers manual*.

- Administrative Rules of Montana (ARM)
  - ARM 37.86.2201 EPSDT Purpose, Eligibility and Scope
  - ARM 37.86.2206 - 2207 EPSDT Medical and Other Services; Reimbursement
  - ARM 37.86.2217 EPSDT Private Duty Nursing
  - ARM 37.86.2224-2233 EPSDT, CSCT and Health Related Services

## Getting Questions Answered

The provider manuals are designed to answer most questions; however, questions may arise that require a call to a specific group (such as a program officer, Provider Relations, or a prior authorization unit). The list of *Key Contacts* at the front of this manual has important phone numbers and addresses pertaining to this manual. The *Introduction* chapter in the *General Information For Providers manual* also has a list of contacts for specific program policy information. Medicaid manuals, notices, replacement pages, fee schedules, forms, and much more are available on the Provider Information website (see *Key Contacts*).

## Claims Review (MCA 53-6-111, ARM 37.85.406)

The Department is committed to paying Medicaid provider's claims as quickly as possible. Medicaid claims are electronically processed and usually are not reviewed by medical experts prior to payment to determine if the services provided were appropriately billed. Although the computerized system can detect and deny some erroneous claims, there are many erroneous claims which it cannot detect. For this reason, payment of a claim does not mean that the service was correctly billed or the payment made to the provider was correct. Periodic retrospective reviews are performed which may lead to the discovery of incorrect billing or incorrect payment. If a claim is paid and the Department later discovers that the service was incorrectly billed or paid or the claim was erroneous in some other way, the Department is required by federal regulation to recover any overpayment, regardless of whether the incorrect payment was the result of Department or provider error or other cause.

## Program Overview

Title XIX of the Social Security Act provides for a program of medical assistance to certain individuals and families with low income. This program, known as Medicaid, became law in 1965 as a jointly funded cooperative venture between the federal and state governments. Federal oversight for the Medicaid program lies with the Centers for Medicare and Medicaid Services (CMS) in the Department of Public Health and Human Services (DPHHS).



- If an original payment was an underpayment by Medicaid, the adjustment will result in the provider receiving the additional payment amount allowed.
- If an original payment was an overpayment by Medicaid, the adjustment will result in recovery of the overpaid amount through a credit. If the result is a credit balance, it can be worked off or the provider can pay off the balance by check (see *Credit balances* earlier in this chapter).
- Any questions regarding claims or adjustments must be directed to Provider Relations (see *Key Contacts*).

### ***Mass adjustments***

Mass adjustments are done when it is necessary to reprocess multiple claims. They generally occur when:

- Medicaid has a change of policy or fees that is retroactive. In this case federal laws require claims affected by the changes to be mass adjusted.
- A system error that affected claims processing is identified.

Providers are informed of mass adjustments on the first page of the remittance advice (RA Notice section). Mass adjustment claims shown on the RA have an ICN that begins with a “4” (see *Key Fields on the Remittance Advice* earlier in this chapter).

## **Payment and The RA**

Providers may receive their Medicaid payment and remittance advice either weekly or biweekly. Payment can be via check or electronic funds transfer (EFT). Direct deposit is another name for EFT. Providers who wish to receive weekly payment must request both EFT and electronic RAs and specifically request weekly payment. For biweekly payment, providers can choose any combination of paper/electronic payment method and RA.

With EFT, the Department deposits the funds directly to the provider’s bank account. If the scheduled deposit day is a holiday, funds will be available on the next business day. This process does not affect the delivery of the remittance advice that providers currently receive with payments. RAs will continue to be mailed to providers unless they specifically request an electronic RA.

To participate in EFT, providers must complete a *Direct Deposit Sign-Up Form* (Standard Form 1199A). One form must be completed for each provider number. See the following table, *Required Forms for EFT and/or Electronic RA*.



Electronic RAs are available for only six weeks on MEPS.



Weekly payments are available only to providers who receive both EFT **and** electronic RAs.

Once electronic transfer testing shows payment to the provider's account, all Medicaid payments will be made through EFT. See *Direct Deposit Arrangements* under *Key Contacts* for questions or changes regarding EFT.

### Required Forms For EFT and/or Electronic RA

All three forms are required for a provider to receive weekly payment

Form	Purpose	Where to Get	Where to Send
Electronic Remittance Advice and Payment Cycle Enrollment Form	Allows provider to receive electronic remittance advices on MEPS (must also include MEPS Access Request form)	<ul style="list-style-type: none"> <li>• Provider Information website</li> <li>• Provider Relations (see <i>Key Contacts</i>)</li> </ul>	Provider Relations (see <i>Key Contacts</i> )
Direct Deposit Sign-up Form Standard Form 1199A	Allows the Department to automatically deposit Medicaid payment into provider's bank account	<ul style="list-style-type: none"> <li>• Provider Information website (see <i>Key Contacts</i>)</li> <li>• Provider's bank</li> </ul>	Provider Relations (see <i>Key Contacts</i> )
MEPS Access Request Form	Allows provider to receive a password to access their RA on MEPS	<ul style="list-style-type: none"> <li>• Provider Information website</li> <li>• Virtual Human Services Pavilion</li> <li>• Direct Deposit Arrangements (see <i>Key Contacts</i>)</li> </ul>	DPHHS address on the form